

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/28/2013
FORM APPROVED
OMB NO. 0938-0391

45th 4/13/13

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445143	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 02/25/2013
NAME OF PROVIDER OR SUPPLIER BRIDGE AT ROCKWOOD, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 5500 ROANE STATE HWY ROCKWOOD, TN 37854		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 029 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1</p> <p>This STANDARD is not met as evidenced by: Based on observation, it was determined that the facility failed to ensure that doors to hazardous areas are closed.</p> <p>The findings include:</p> <p>Observation on February 25, 2013 at 2:25 p.m. and 3:14 p.m. revealed that the following locations had doors to hazardous areas propped open:</p> <ol style="list-style-type: none"> 1. Kitchen door leading into the dining room was propped open with a chair. 2. Central supply room door was held open by a bungee cord. <p>These findings were verified by the maintenance director and acknowledged by the administrator during the exit conference on February 25, 2013.</p>	K 029	<p>NFPA 101 Life Safety Code Standard K029</p> <p>One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1</p> <p>Residents affected/potentially affected: All residents have the potential to be affected by this cited practice. Staff were immediately educated on not propping doors open.</p> <p>Systemic measures: SDC or designee will educate staff on not propping doors open. Rounds will be conducted daily throughout the work week by department heads. Any doors propped open will be immediately corrected and staff educated, and reported to the Administrator during stand down meeting.</p> <p>Monitoring measures: Any concerns will be reported to the Administrator and addressed in monthly QA for two months and upon occurrence thereafter.</p>	4/12/13	
K 069 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Cooking facilities are protected in accordance</p>	K 069			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Melvin Jandt

Administrator

3/21/13

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER BRIDGE AT ROCKWOOD, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 5580 ROANE STATE HWY ROCKWOOD, TN 37854		
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K 069	<p>Continued From page 1 with 9.2.3. 19.3.2.6, NFPA 96</p> <p>This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to have an approved extinguishing agent over cooking appliances.</p> <p>The findings include:</p> <p>Observation on February 25, 2013 at 2:21 p.m. revealed that Archie's Concession area was using a two (2) basket deep fryer with no extinguishing agent installed for this cooking appliance.</p> <p>This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on February 25, 2013.</p>	K 069	<p>K069 Cooking facilities are protected in accordance with 9.2.3</p> <p>Residents affected/potentially affected: All residents have the potential to be affected by this cited practice. The two basket deep fryer was removed from the concession area and taken out of service.</p> <p>Systemic measures: After removal of deep fryer, a quote was obtained for the required extinguishing agent. SDC/designee educated staff on the removal of the deep fryer from the concession area. Plant Ops director was made aware that the fryer could not be utilized without the presence of the appropriate extinguishing agent in place.</p> <p>Monitoring measures: Plant Ops director/designee will check the concession area throughout the week to ensure that no fryer is in place or being utilized. Any concerns will be corrected immediately and be reported to the Administrator.</p>	4/12/13	